



**APPLICATION FOR LICENSE TO MANUFACTURE
FROZEN DESSERTS AND/OR ICE CREAM FEE - \$50.00**

BOARD OF HEALTH

TOWN HALL

WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

In accordance with the provisions of section 65H of Chapter 94 of the M.G.L., as amended, and the regulations made thereunder, the undersigned hereby applies for a license for the manufacture of frozen desserts and/or ice cream mix and submits the following information:

Name of Applicant _____

Business Address _____

Name of brands/trade or corporation names, if any, under which the products are to be sold: _____

Number and capacity of freezer/barrels: _____

Is the mix purchased? Y N If so, from whom? _____

Is the mix pasteurized? Y N Public Water? Y N

Number of gallons of frozen desserts and/or ice cream mix sold in the previous year: _____

Are you aware that all manufacturers/retailers must have bacteriological tests performed on at least one **dairy-based** frozen dessert product (ice cream, sherbet, frozen yogurt) per month, per soft serve machine by a DPH approved laboratory? Y N

NOTE: Laboratories should not run SPC test on frozen yogurt containing live culture bacteria. Coliform tests should always be conducted on all frozen desserts?

Name of DPH approved testing laboratory: _____

I hereby certify that the frozen desserts and/or ice cream mix I sell in Westford will be manufactured in compliance with all laws of the commonwealth of Massachusetts pertaining thereto and all rules and regulations promulgated by the Department of Public Health made thereunder and will be manufactured under sanitary conditions. I attest that the information stated in this application is true and accurate under the pains and penalties of perjury.

Applicant's Signature / Title

Date